

When an OB patient screens + for Opioid Use Disorder (OUD) during an admission, a MORE Folder (stored on L&D/Triage/MBU) is obtained by the patient's nurse. Folder contents are listed below:



- (1) MORE OUD Clinical Algorithm for provider review
- (2) MORE Checklist/Workflow
- (3) Contraceptive Counseling materials
- (4) Community Mapping Tool to use with community referrals
- (5) Save a Life Naloxone (Narcan®) guide to help providers complete Naloxone counseling / prescription
- (6) MORE patient education materials: MORE HOPE pamphlet & Naloxone tri-fold for the patient

The patient's nurse works with the rest of the OB clinical team to make sure the OUD Clinical Algorithm is followed & MORE Checklist is completed prior to discharge. Reminding the clinical team that OUD is the leading cause of maternal death in Florida may help the team understand why these steps matter. Remind all members of the care team that reducing stigma, & treating patients with empathy & compassion improves outcomes for moms with OUD.

√	<b>MORE Checklist/Workflow</b>	<b>Clinical Team Initials/Notes/Date</b>
	Report + OUD screen to OB provider & give OB provider the <b>MORE Clinical Algorithm</b> to review	
	Request a neo/peds consult for positive OUD screen to counsel on NAS & how moms engage in opioid exposed newborn care when appropriate	
	Call Team Huddle-OB Provider, Neo/Peds, Social work, Charge Bedside RN during hospitalization	
	Confirm <b>Hep C, Hep B, HIV</b> and other recommended secondary screening completed	
	Confirm the provider has the <b>Save a Life Naloxone guide</b> (to assist with Naloxone counseling/prescription as a risk reduction strategy for all patients who use opioids regularly)	
	Handoff/Review <b>MORE folder &amp; MORE Checklist/Workflow</b> with postpartum RN	

√	<b>Prior to Discharge</b>	<b>Clinical Team initials/Notes/Date</b>
	Review <b>MORE patient education materials</b> ( <b>MORE folder</b> or <a href="http://fpqc.org/more">http://fpqc.org/more</a> . Reinforce important role of mom/family in self-care & care of baby with NAS.	
	Confirm patient's readiness for Medication-Assisted Treatment (MAT) & plan is documented. Remind providers that help with clinical management of OUD / MAT is available through the <a href="http://ucsf.org/substance-use-warmline">UCSF Substance Use Warmline</a> : 855-300-3595 with free addiction med phone consult.	
	Confirm the patient is linked to behavioral health services/recovery treatment program & has follow up <b>or</b> work with a social work consult to confirm a warm hand off & close follow up to establish linkage to services.	
	Work with Neo/Peds team to engage & support mom/family, providing non-pharmacologic care as appropriate: breastfeeding, skin to skin, rooming in, Eat Sleep Console (ESC).	
	Confirm Behavioral Health and/or MAT appointment made before discharge.	
	Confirm Naloxone (Narcan®) counseling has been provided & prescription has been provided before discharge. If possible, encourage having the prescription filled prior to discharge.	
	Confirm all recommended secondary infectious disease screening completed, results provided to the patient, & follow up plan established by OB for all positive screens.	
	Confirm comprehensive contraception counseling has been provided and method of contraception has been identified/prescribed.	
	Review this Checklist with OB Provider. Determine next steps for ANY incomplete elements.	
	Confirm patient has early postpartum follow up visit with OB for 1-2 weeks PP scheduled.	
	Ensure the OB clinical team is in communication with Neo/Peds to confirm a coordinated Plan of Safe Care (POSC). Make sure the patient / family understands their POSC.	
	Ensure <i>Alternatives to Opioids</i> pamphlet has been provided if opioids prescribed.	